

Trends in Nursing Education and the School of Nursing Librarian*

BY KATHRYN M. SMITH, ED.D., *Dean and Professor*

*University of Colorado School of Nursing
Denver, Colorado*

ABSTRACT

The history of nursing education in America is briefly told, with the growth of education in institutions of higher learning emphasized. Two trends in nursing education are paralleled by similar developments in nursing literature. The growth of scholarship in nursing is also noted. It is pointed out that nursing is a discipline in its own right, and that training for leadership is required. Continuing education programs are mentioned, together with the increase in nursing literature. Integrated libraries for the health sciences are recommended.

NURSE practitioners, nursing educators and students of nursing are increasingly dependent upon the services of the nursing school librarians. Nurse educators and librarians have accepted the obligations and responsibilities attendant upon the educational function. Both share the values associated with higher learning, although in many ways their interests are divergent. The librarians' knowledge, however, of how best to use the scholarly record is as important as any other single component of their field. It is precisely this knowledge, coupled with the librarians' unique position in the educational system, that gives them a significant role in the education of students of nursing. For students, learning how to use health science literature is as important as any other experience in their educational program.

Having been brought up in a library at my librarian mother's side, having been a student more years than I'd like to admit, and having been a teacher for many years, I believed that I had an understanding of libraries and of the nature of their services. However, serving as a

member of the Board of Regents of the National Library of Medicine has provided me with the opportunity to become deeply immersed in learning about health science libraries in today's changing world. It is not possible today for me to describe my impressions of the enormous complexity of libraries and the role of librarians in today's and tomorrow's information systems. We can look forward to the rapid and dramatic development of a highly sophisticated network of information services that will accelerate and quantitatively influence the application of health science knowledge to health problems.

Some of the papers in the *Proceedings of an Invitational Conference on Education for Health Sciences Librarianship* are eloquent in their delineation of the many difficult problems facing library educators, and I find that many of them have interesting similarities with those problems facing nursing education.

I will review significant changes underway in nursing and nursing education, and some of our problems. I will discuss a few of a nurse educator's views on the role of a nursing school librarian, the nursing reference librarian specialist. It is to be hoped that the librarian, for the most part, will take the intellectual leap from the content of this paper to his particular role.

Education for the practice of nursing originated in England over a hundred years ago with the establishment of the Florence Nightingale School. Miss Nightingale raised nursing from the sink. She brought nursing out of its dark period, giving it both system and structure. She designed a curriculum having as its purpose to educate the young genteel woman to provide humane and efficient service. In her papers she expressed the conviction that selected tutors who were of superior personality and competence were to plan and guide the students'

* Presented at the Sixty-seventh Annual Meeting of the Medical Library Association, Denver, Colorado, June 11, 1968.

NURSING EDUCATION AND THE SCHOOL OF NURSING LIBRARIAN

learning, that educational purpose should determine the conduct, the content, and the learning experiences of the educational program. We are, even today, working to achieve Miss Nightingale's principles:

A school of nursing independent of the service agency, but providing education for service.

Competent nurse-teachers and well-selected learning opportunities.

The development of the student as a person.

The dignity of the patient as a human being.

The provision of nursing as a community service as well as for institutional care.

The identification of the basis on which nursing is founded; for example, environmental hygiene and personal care.

The direction of nursing by nurses.

The model of the nurse as a person of culture as well as a competent practitioner (1).

Knowledge of the success of the Nightingale system spread round the world. Recognition of the urgent need for better nursing in America following the Civil War was the immediate stimulus that led to the establishment in 1873 of three hospital schools. Miss Nightingale's pattern was adopted by these early schools but they failed to meet their intended purposes. The nursing care of the ill was inhumane and inadequate. When physicians found that trained nurses made a difference in the survival and recovery of surgical patients the expressed need for them grew rapidly. New hospital schools sprang up all over the country. More than 400 schools had been established by 1900. These schools were little more than protected environments in which young women carried the major burden of nursing patients. Often they taught younger students as well. The exploitation of these young women in the name of nursing education is a dark chapter in the history of American nursing.

During World War I a few strong leaders who were committed to the Nightingale ideals plotted to raise the level of nursing and to improve nursing education. They were instrumental in promoting a broad scale study of nursing in this country. A conference group who examined the study agreed unanimously that preparation of the professional nurse belonged within institutions of higher learning (2). In 1926 the Committee on the Grading of Nursing Schools came up with essentially the same conclusion, adding that education for nursing, as for other professions, should be a

public responsibility and that the financial support of nursing education should come from private and public funds, not from hospitals (3). Again these conclusions were reconfirmed separately by Ginzberg and Brown in 1948 (4). The A.N.A. position paper published in 1965 and sanctioned by the A.N.A. House of Delegates in 1966 accelerated the change that had been underway for nearly fifty years.

The major components of the position paper are as follows: education for all who practice nursing should take place in institutions of higher education; the minimum preparation for beginning professional nursing practice should be a baccalaureate degree education in nursing; and the minimum preparation for beginning technical nursing practice should be an associate degree education in nursing (5).

A few state nurses' associations have prepared plans for the implementation of the intent of the position paper. Many others are in the process of doing so. Social forces in our society favor this movement. In steadily increasing numbers young people are seeking a college education; the community college movement brings educational opportunities to young people near their homes; public fiscal responsibility for higher education is becoming a reality; and perhaps, most persuasive is the fact that the knowledge explosion in all fields requires the establishment of programs in educational institutions where there is access to this knowledge.

The acceptance of the position paper has already had the effect of accelerating the establishment of associate degree nursing programs and the disestablishment of diploma programs. Furthermore, because the position paper defines two levels of practitioners, it is the responsibility of the nursing profession to delineate clearly the two roles. Both the professional and the technical practitioners are necessary for the efficient delivery of safe and effective nursing care; each has an equally important but different part to play. As yet, however, very few hospitals recognize the complementarity of the roles or the competence of these two types of nurses and they fail to utilize them appropriately and economically. Much work remains before the system of nursing education and patterns for the delivery of care become stabilized. It is encouraging that

the goals are clear and that nursing will undergo orderly movement to meet these goals.

Paralleling the trends in modern nursing education is an interesting theme that is revealed in the literature of nursing.

The American Journal of Nursing, the official organ of the American Nurses' Association, was founded in 1900. Modern nursing for the first time had a voice. It had created a method for keeping its scholarly record. In this journal a few articulate nurses shared their views about nursing. They wrote of the sometimes stormy struggle to improve education and to increase the excellence of nursing—all with a view to finer care for the patient.

It is a fascinating exercise to trace the *A.J.N.* editorials from 1900 to today. Genevieve Meyer, a historian whose primary interest is nursing history, identified two major themes in these editorials as they appeared through the years and labeled them *tenderness* and *technique* (6). These themes can be usefully compared to the typologies of others who have studied nursing: traditionalizer and professionalizer (7), and bureaucratic and professional (8). The essence of these themes, divergent views or value orientations can be stated as follows:

The traditionalizer type of nurse is motivated by an ideal long since recognized and venerated in the society, personified in the name Florence Nightingale. The basis of the motivation consists in a sense of dedication, the components or terms of which are so taken for granted as seldom to be examined. It is expressed in a philosophy that present success is based upon the successes and the lessons of the past. The traditionalizing nurse does not rest her case with knowledge as something tentative, hypothetical and modifiable in use; rather her basis of action is the wisdom of accumulated experience from the previous generations. . . . Her only orientation to the future is in terms of reform, i.e. bringing *back* a situation under the control of values long since legitimate. . . . The new is suspect and the old is always preferable on the grounds that it could not have existed long had it not been worthwhile. . . . (9)

The professionalizer type of nurse is not motivated by any blanket dedication to an ideal. Accepting the principle that good health is better than bad, her focus is not specifically upon the patient to be healed but upon the special things that must be done and the special modes of operations that must be evolved if the problem of healing is to be more adequately and intelligently met. Her case rests with *knowledge*, and knowledge in this case represents the application of rational faculties to experience. Furthermore,

it should be applied in such a way that, at that same time, better knowledge can be achieved. (10)

Nurses with professional degrees are more often found in the professionalizer group and those trained in hospital schools of nursing tend to be traditionalizers. Nursing educators hold to different conceptions of nursing from those held by hospital head nurses and supervisors in university medical center settings. The conflict that may result from such discrepancies in perceptions of nursing has obvious implications for students; however, this sketch of value orientations highlights another important problem—the slowness or reticence of nurses to commit themselves to scholarship. Anselm Strauss in his discussions of the consequences of traditions in nursing says this: "The narrow academic sphere which enclosed the nurses prevented their discovering what a great world of knowledge existed around them" (11). Strauss also believes that we have built a self-defeating system in which the better educated and presumably more knowledgeable nurse moves to positions away from direct contact with patients (12). There is evidence that the picture is changing. Many of the recent graduates of master's programs are taking positions as clinical specialists where they are attempting to improve the care of patients. It is logical to assume that as the number of nurses who have sound educational preparation and who value intellectual pursuits increases there will be an increase in the production, utilization, and application of scholarly work; these are essential conditions for the advancement of knowledge and the improvement of nursing care.

The data show that progress in reaching nursing's goal, more knowledgeable practice, is slow but in the desired direction. Graduations from baccalaureate programs have increased twenty-six percent in the years between 1958 and 1966; graduations from master's programs have increased seventeen percent during the same period. In 1967, 3,000 fewer students enrolled in diploma programs than in the previous year, a trend that has been observed for several years. At the same time, enrollment increased by 4,000 in associate degree programs. The number of nurses pursuing doctoral study is not known. In 1966, two and one-half percent of the nurses held a master's or doctoral degree.

These two trends, nursing education in in-

stitutions of higher learning and greater scholarship, can mean only that nurses will take their position beside that of other health professionals in the health sciences library, accounting for a large share of the circulation, acquisitions, and other library services.

I have implied that nursing has much to overcome in this movement. Traditionally nurses have provided nursing care on the basis of the medical diagnosis and the physician's treatment regimen. Nurses have served the physician not the patient. Assisting the physician in his curative role is an important function of the nurse. It is not her primary function, however. To diagnose nursing problems, to develop a plan for nursing care, to provide the care and to assess the consequences of care is a complex intellectual process and requires a number of skills. This is the essence of nursing. Knowledgeable caring in the nursing context, is the nurse's reason for being, her primary function. The young nurse must have personal security, stamina, and support to resist the pressure to constrict her role, to abrogate a knowledgeable approach to nursing problems, or to conform to a traditional orientation to nursing.

Laura Simms' study of baccalaureate graduates includes two conclusions:

(1) There are limitations in ability to relate theory to practice. There is evidence that the baccalaureate graduate tends to associate theory with an idealistic education. She experiences difficulty in relating theory to her day-to-day practice, and there is no evidence that she considers practice as theory in the making...; (2) There is failure to accept personal responsibility for continued learning. There is evidence that the baccalaureate graduate in nursing has a limited interest in the independent search for increasing her knowledge and understanding as a practitioner. She resolves the pressures largely through seeking on-the-spot answers to her questions, usually from the doctor or the head nurse.... (13)

In her words these conclusions were highlighted in the hope they suggest "certain clues for changes in baccalaureate education in nursing" (14).

Nurse educators agree that changes in nursing education are needed, and many schools are modifying curricula and in other ways are manipulating the students' experiences in an effort to bring about the desired outcomes. As I indicated above, attention is also being di-

rected to the organization of nursing services and to the problems associated with appropriate utilization of nurses. It remains a condition of nursing that the transition from the student role to the work role is often characterized by discontinuity and conflict.

Nursing educators are deeply concerned that the preparation for leadership in nursing be accelerated and improved. Federal support has made it possible for hundreds of nurses since World War II to advance their education. Nevertheless, today, many nurses who occupy leadership positions in schools of nursing, in hospital nursing services, and in other health care settings are not qualified for the responsibilities they must carry. Many of the difficulties nursing faces can be related to the deficiencies in our leadership cadre. This is nursing's most serious problem.

On the brighter side, excellent continuation education programs are developing across the country. Acceptance of the urgent necessity for nurses, as for other professionals, to study all of their lives provided the stimulus for the preparation of a booklet titled *Avenues for Continued Learning*, an American Nurses' Association publication. This little book treats the major approaches to continuing education. It urges nurses to advance their scholarship in view of the need for knowledgeable nursing. Continuing education programs have been very successful in providing appropriate learning experiences for practicing nurses. The further development of these programs deserves high priority in our colleges and universities. These programs cannot substitute for the need for independent study or formal education; however, they are demonstrating their effectiveness as supplementary educational programs. A wide range of library resources to support these programs is an obvious need.

Another encouraging trend is represented by the growth of nursing literature. Less than seventy years ago there were in existence one professional nursing journal and a few books written by nurses, and today there are some ninety nursing journals. Nursing is working to increase the quality and significance of nursing literature. Vern Pings says, "Today the profession is experiencing an 'information crisis' or, more correctly, a crisis in communication" (15). He urges the nursing profession to improve its communication channels and expand

bibliographic control of its literature, a necessary part of scholarship.

Over the years since the founding of the *A.J.N.* nurses have expanded their search for knowledge into the scholarly records of a number of disciplines. It is a study in futility to limit one's search to a few nursing journals. The process of studying a single nursing problem may lead the nurse to consult the literature of the social and biological sciences, mathematics, cybernetics, philosophy, education, medicine, and others. It is curious, for this reason, that there should be in many of our institutions a nursing library, a medical library, a psychiatry library, and so forth—the object of all health professionals' concern is the patient and his health problem, and he is one person. The integrated library in my experience serves its health science clientele well.

In suggesting that segregated libraries are not advisable for the future, I am not suggesting that specialization among librarians is subject to the same question. Alan Rees prefers to view specialization within the context of the role "medical librarian" (16). The person filling this role should be trained to think analytically, comparatively, and creatively. Upon a foundation of basic instruction carefully articulated specialized training should be provided. I find this position compatible with nursing's needs. Rees' framework requires more than knowledge of library tools and techniques. As we all know, the health science librarian is part of a swiftly changing environment which presents a challenge of unprecedented magnitude. The model for specialization assumes knowledge of both subject content and knowledge of health science environmental settings. The nursing literature specialist, then, should make it his business to know nursing's emerging body of knowledge and the major trends in nursing education, as well as something of the nature of the institutions and agencies in which nursing is practised. He must know the resources available to the librarian, students, faculty, and practitioners of nursing. Above all, he must have an interest in the intellectual problems of nurses at all levels. Nursing problems are tremendously complex; they are seldom relevant solely to techniques or procedures; as is the case in librarianship, tools and techniques are more than ends in themselves.

The responsibilities of nursing school li-

brarians are of no small concern to nursing. There is a vital service that facilitates the application of scientific knowledge to individual nursing problems. Because librarianship is a significant and socially useful service that touches all health professionals, it is essential during this period of rapid change in the sciences and technologies that we seek more effective avenues for cooperation and collaboration. We share goals directed at improved health care for all people. It is essential that we maximize the effectiveness of our particular services in order to meet these goals.

REFERENCES

1. Educational Preparation for Nurse Practitioners and Assistants to Nurses: A Position Paper. New York, American Nurses' Association, 1965. p. 10.
2. Nursing and Nursing Education in the United States: Report of the Committee for the Study of Nursing Education. New York, Macmillan, 1923. p. 32.
3. Nurses, Patients, and Pocketbooks: Report of a Study of the Economics of Nursing Conducted by the Committee on the Grading of Nursing Schools. New York, The Committee on the Grading of Nursing Schools, 1928. p. 447.
4. GINZBURG, E. A Program for the Nursing Profession. New York, Macmillan, 1948.
- BROWN, E. L. Nursing for the Future: A Report Prepared for the National Nursing Council. New York, Russell Sage Foundation, 1948. p. 138.
5. Educational Preparation for Nurse Practitioners and Assistants to Nurses. *Loc. cit.*
6. MEYER, GENEVIEVE R. Tenderness and Technique: Nursing Values in Transition. Los Angeles, Institute of Industrial Relations, University of California, 1960.
7. HABERSTEIN, ROBERT W. AND CHRIST, EDWIN A. Professionalizer, Traditionalizer, and Utilizer. Columbia, University of Missouri, 1955. p. 41.
8. CORWIN, RONALD G. The professional employee: a study in conflict in nursing roles. *Amer. J. Sociol.* 66: 606, May 1961.
9. HABERSTEIN, ROBERT W. AND CHRIST, EDWIN A. *Loc. cit.*
10. *Ibid.*, p. 42.
11. STRAUSS, ANSELM. The Structure and Ideology of American Nursing: An Interpretation. In: DAVIS, FRED, ed. The Nursing Profession: Five Sociological Essays. New York, John Wiley and Sons, 1966. p. 84.
12. *Ibid.*
13. SIMMS, LAURA L. The Hospital Staff Nurse Position as Viewed by Baccalaureate Graduates in Nursing. Submitted in partial ful-

NURSING EDUCATION AND THE SCHOOL OF NURSING LIBRARIAN

- fillment of the requirements for the Degree of Doctor of Education in Teachers College, Columbia University, 1963. p. 92.
14. *Ibid.*
 15. PINGS, VERN M. A Plan for Indexing the Periodical Literature of Nursing. New York, The American Nurses Foundation, 1966.
 16. REES, ALAN M. Curriculum Content for Education for Medical Librarianship at Several Levels. IN: LIEBERMAN, IRVING. Proceedings of an Invitational Conference on Education for Health Science Librarianship. Seattle, Washington, University of Washington, 1968.